

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.
09/1728,171
APPLICANT(S)

FILING DATE

4-20-04 8-424

CLAIMS

NO.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.
1	/	/		
2	/	/		
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TOTAL IND.	3	0	4	0
TOTAL DER.	14	0	23	0
TOTAL CLAMS	17	27		

#	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.		0		0		0
TOTAL DER.		0		0		0
TOTAL CLAMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS